

**FEE TRANSMITTAL**

Electronic Version v08

Stylesheet Version v08.0

**Title of  
Invention****SHEET-FORM MEMBRANE SAMPLE PROBE, METHOD AND APPARATUS  
FOR FLUID CONCENTRATION ANALYSIS**

Application Number :

Date :

First Named Applicant: Aurel D. Brumboiu

Attorney Docket Number: 28959-12

**TOTAL FEE AUTHORIZED \$ 926**

Patent fees are subject to annual revisions on or about October 1st of each year.

Filing as small entity

**BASIC FILING FEE**

Fee Description	Fee Code	Amount \$	Fee Paid \$
Utility Filing Fee	2001	385	385
Subtotal For Basic Filing Fees: \$ 385			

**EXTRA CLAIM FEES**

Fee Description	Extra Claims	Fee Code	Amount \$	Fee Paid \$
Total Claims : 61	41	2202	9	369
Independent Claims : 7	4	2201	43	172
Subtotal For Extra Claims Fees: \$ 541				

**AUTHORIZED BILLING INFORMATION****The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:**

Deposit account number: 022057  
Access Code: \*\*\*\*  
Deposit name: Bennett Jones LLP  
Deposit authorized name: Roseann Caldwell  
Signature: RCaldwell  
Date (YYYYMMDD): 2004-01-22

**Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.**

Adjustment date: 03/24/2004 BHABTEW  
01/23/2004 EFSPROD 00000007 022057 10707902  
03 FC:2201 172.00 CR

**FEE TRANSMITTAL**

Electronic Version v08

Stylesheet Version v08.0

<b>Title of Invention</b>	Self Clearing Grilling Fork																				
Application Number :																					
Date :																					
First Named Applicant:	Dr. Roberto Pedro Barcala																				
Attorney Docket Number:	01141606																				
<b>TOTAL FEE AUTHORIZED \$ 1028</b>																					
Patent fees are subject to annual revisions on or about October 1st of each year.																					
Filing as large entity																					
<b>BASIC FILING FEE</b>																					
<table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>1001</td><td>770</td><td>770</td></tr><tr><td colspan="3">Subtotal For Basic Filing Fees:</td><td>\$ 770</td></tr></tbody></table>		Fee Description	Fee Code	Amount \$	Fee Paid \$	Utility Filing Fee	1001	770	770	Subtotal For Basic Filing Fees:			\$ 770								
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Subtotal For Basic Filing Fees:			\$ 770																		
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<table border="1"><thead><tr><th>Fee Description</th><th>Extra Claims</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 6</td><td>0</td><td>1202</td><td>18</td><td>0</td></tr><tr><td>Independent Claims : 6</td><td>3</td><td>1201</td><td>86</td><td>258</td></tr><tr><td colspan="3">Subtotal For Extra Claims Fees:</td><td>\$ 258</td><td></td></tr></tbody></table>		Fee Description	Extra Claims	Fee Code	Amount \$	Fee Paid \$	Total Claims : 6	0	1202	18	0	Independent Claims : 6	3	1201	86	258	Subtotal For Extra Claims Fees:			\$ 258	
Fee Description	Extra Claims	Fee Code	Amount \$	Fee Paid \$																	
Total Claims : 6	0	1202	18	0																	
Independent Claims : 6	3	1201	86	258																	
Subtotal For Extra Claims Fees:			\$ 258																		
<b>AUTHORIZED BILLING INFORMATION</b>																					
The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:																					
Credit account number:	4369																				
Expiration Date (YYYYMMDD):	2005-06-30																				
Authorized name:	Robert Barcala																				
Billing address:	33126																				

Adjustment date: 03/24/2004 BHABTEW  
01/23/2004 EFSPRD 00000003 10707899  
02 FC:1201 -258.00 0PRefund Ref:  
03/24/2004 0030015109Credit Card Refund Total: \$258.00  
Master C: XXXXXXXXXXXX4369